

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
BOARD OF EXAMINERS OF PSYCHOLOGISTS
35 STATE HOUSE STATION, AUGUSTA, ME 04333
SUMMARY SHEET FOR CONTINUING EDUCATION REPORTING (Subject to a CE Audit)

NAME: _____ Daytime phone #: _____

Please Print or type

ADDRESS: _____

(Do not use this form to change your address, you need to submit a separate request)

License # _____

☐

Psychologist

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Psychological Examiner

PROGRAM NAME	DATE	SPONSOR	CATEGORY 1 CREDITS	CATEGORY 2 CREDITS

TOTAL CREDIT HOURS CLAIMED

GRAND TOTAL CREDIT HOURS CLAIMED

If subject to a CE audit, you may use this SUMMARY sheet as a cover for reporting your completed continuing education programs. However, you must attach a copy of the certificate or document to verify your attendance for programs attended.

I swear the above information is correct and that I participated as described in the above listed program.

Signed: _____ Date: _____

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COPY THIS FORM AS NEEDED

(Revised 7-2006)